

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED

2012 MAY 29 AM 9:25

FEC MAIL CENTER

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

D A G N Y P o l i t i c a l A c t i o n C o m m i t t e e

ADDRESS (number and street)

8 0 3 K i r k A v e n u e

(Check if address  
is changed)

C a s p e r

W Y 8 2 6 0 1

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS: (Please provide only one e-mail address)

t o m m y w i b e g m a i l . c o m

(Check if address  
is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

N / A

(Check if address  
is changed)

2. DATE

3. FEC IDENTIFICATION NUMBER:

C

4. IS THIS STATEMENT



NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Bill Maiers

Signature of Treasurer

*Bill Maiers*

Date

*May 17, 2012*

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2009)

12030814471

## 5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

**Party Committee:**

- (d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☒ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☒ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

1.	<input type="text"/>	FEC ID number	<input type="text"/>
2.	<input type="text"/>	FEC ID number	<input type="text"/>
3.	<input type="text"/>	FEC ID number	<input type="text"/>
4.	<input type="text"/>	FEC ID number	<input type="text"/>

12030814472

Write or Type Committee Name

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

C y n t h i a L u m m i s

Mailing Address

8 0 3 K i r k A v e n u e

C a s p e r W Y 8 2 6 0 1 -

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☒ Leadership PAC Sponsor

## 7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

B i l l M a i e r s

Mailing Address

8 0 3 K i r k A v e n u e

C a s p e r W Y 8 2 6 0 1 -

Title or Position

CITY

STATE

ZIP CODE

T r e a s u r e r

Telephone number 3 0 7 - 2 3 7 - 7 0 8 2

## 8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name  
of Treasurer

B i l l M a i e r s

Mailing Address

8 0 3 K i r k A v e n u e

C a s p e r W Y 8 2 6 0 1 -

Title or Position

CITY

STATE

ZIP CODE

T r e a s u r e r

Telephone number 3 0 7 - 2 3 7 - 7 0 8 2

Full Name of  
Designated  
Agent

C y n t h i a L u m m i s

Mailing Address

8 0 3 K i r k A v e n u e

C a s p e r

CITY

W Y

STATE

8 2 6 0 1

ZIP CODE

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

H i l l t o p N a t i o n a l B a n k

Mailing Address

3 0 0 C o u n t r y C l u b R o a d

C a s p e r

CITY

W Y

STATE

8 2 6 0 9

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

12030814474

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

Date of Receipt

☐ Hand Delivered

Postmarked

☒ USPS First Class Mail

5/22/12

Postmarked (R/C)

☐ USPS Registered/Certified

Postmarked

☐ USPS Priority Mail

Delivery Confirmation™ or Signature Confirmation™ Label

☐

Postmarked

☐ USPS Express Mail

☐ Postmark Illegible

☐ No Postmark

Shipping Date

☐ Overnight Delivery Service (Specify):

Next Business Day Delivery

☐

Date of Receipt

☐ Received from House Records & Registration Office

Date of Receipt

☐ Received from Senate Public Records Office

Date of Receipt

☐ Received from Electronic Filing Office

Date of Receipt or Postmarked

☐ Other (Specify):

IMP

PREPARER

(3/2005)

5/25/12

DATE PREPARED

12030814475